

One time fee of \$20.00

OFFICE OF LICENSING-BUSINESS LICENSING  
CITY CLERK – ROOM 215  
LACKAWANNA CITY HALL  
714 RIDGE ROAD  
LACKAWANNA, NEW YORK 14218  
(716) 827-6452

PLEASE CHECK LICENSE CATEGORY YOU ARE APPLYING FOR

☐ ARCADE ☐ BILLIARD PARLOR ☐ NEWSTAND ☐ SKATING RINK  
☐ RESTAURANT ☐ STORE ☐ BOWLING ALLEY ☐ GAS STATION  
☐ OTHER (SPECIFY) \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

APPLICANT PHONE NUMBER \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

APPLICANT DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ U.S. CITIZEN YES/ NO

CORPORATION NAME \_\_\_\_\_ DATE INCORPORATED \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ BUSINESS FAX NO. \_\_\_\_\_

STATE TAX ID # \_\_\_\_\_

FEE COLLECTED: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

APPROVED BY CITY COUNCIL YES \_\_\_\_\_ no \_\_\_\_\_ meeting of \_\_\_\_\_

Required copies of documentation to be submitted with business license application  
☐ photo copy of government issued photo identification (i.e. drivers license/passport)  
☐ photo copy of current utility bill listing applicant's home address  
☐ photo copy of NYS tax id certificate or social security number  
☐ photo copy of DBA (business certificate) or corporate filing receipt (not required for personal licenses ie. Taxi license, peddler, etc.  
☐ photo copy of proof of ownership of property (deed) for business location or a commercial lease Agreement (not required for personal licenses ie. Taxi license, peddler, etc.  
☐ Complete application and license fee.

APPLICATIONS MUST BE COMPLETED AND SUBMITTED WITH ALL REQUIRED DOCUMENTATION.....NO EXCEPTIONS.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*PLEASE NOTE\*\*\*\* this is an application only, approvals will be made after all inspections are completed.

PLEASE PROCESS IN THE FOLLOWING ORDER AND FORWARD TO THE NEXT DEPARTMENT WITHIN A TIME PERIOD OF TWO WEEKS

IDENTIFICATION BUREAU

DATE RECEIVED: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLIANCE: \_\_\_\_\_ NON-COMPLIANCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE FOR'D: \_\_\_\_\_

.....  
BUILDING INSPECTOR:

DATE RECEIVED: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLIANCE: \_\_\_\_\_ NON-COMPLIANCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE FOR'D: \_\_\_\_\_  
.....

RETURN TO THE CITY CLERK'S OFFICE